



IMPORTANT ELECTION DATES TO REMEMBER

June 15, 2006 - Nomination period begins. Request nomination forms from the local FSA office.

August 1, 2006 - Last day to file nomination forms at the local FSA office.

November 3, 2006 - Ballots mailed to eligible voters.

December 4, 2006 - Last day to return voted ballots to the local FSA office.

January 1, 2007 - Newly elected committee members and alternates take office.

**Do NOT mail this form to the address on this newsletter.
You must mail to your local FSA county office conducting the election.**

FSA-669A (03-08-06) Page 2		U.S. Department of Agriculture Farm Service Agency		Form Approved - OMB No. 0560-0229	
NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION					
1. NAME OF NOMINEE (Type or print Nominee's Full Name)		TO BE COMPLETED BY COUNTY FSA OFFICE			
2. ADDRESS OF NOMINEE					
3. NOMINEE'S CERTIFICATION <i>I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.</i> <input type="checkbox"/> I DO want to witness the settling of tied votes with another nominee. <input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.		5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY)			
		6A. COUNTY			
		6B. LAA NO.			
4A. SIGNATURE OF NOMINEE		4B. DATE (MM-DD-YYYY)		DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR	
8. TO BE COMPLETED BY NOMINEE					
VOLUNTARY INFORMATION FOR MONITORING PURPOSES: The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.					
ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		RACE (Choose as many boxes as applicable) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White </div> <div> <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander </div> </div>		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
INSTRUCTIONS FOR COMPLETING THIS FORM					
Complete the form as follows: ITEM 1 Type or Print the nominee's full name. The nominee must be: <div style="margin-left: 40px;"> A. Eligible to vote in the designated County FSA Committee election. B. Eligible to hold the office of County FSA Committee member. C. Willing to serve if elected. </div> ITEM 2 Enter the nominee's current address. ITEM 3 The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes. ITEM 4 The nominee must sign and date. ITEM 8 Completing this item is voluntary.					
ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1.					
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used to obtain nominees for County FSA Committee.					
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0229. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.					